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Bib Data Sheet

CONFIRMATION NO. 5570

SERIAL NUMBER 10/633,733	FILING DATE 08/04/2003 RULE	CLASS 224	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. 1062/D79
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/308,888 12/03/2002 *
 which claims benefit of 60/336,601 12/05/2001
 and claims benefit of 60/347,800 01/10/2002

This application 10/633,733
 claims benefit of 60/451,711 03/03/2003

(*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/30/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 10	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

2101

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02110-1618

TITLE

Transporter storage and conveyance

<p>FILING FEE RECEIVED 1170</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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